

Official Report



Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Headquarters

DOFS Case #: 2015-1005060

Report Date: 06/16/2015

George Herrin, Jr., Ph.D.
Deputy Director

ASCLD/LAB-International
Accredited Testing Laboratory



Requested Service: Toxicology - Postmortem

Agency: GBI-Reg. 10-Conyers

Agency Ref#:

Requested by: R. Bigham

Case Individuals:

Victim: MARTEZ WILSON

Evidence:

On 03/04/2015, the laboratory received the following evidence from the GBI-Medical Examiner-HQ DOFS via Lockbox.

2015-1005060-002	Sealed plastic bag(s) containing the following items identified as collected from Martez Wilson
2015-1005060-002A	Three tubes containing iliac blood
2015-1005060-002B	Two tube(s) containing femoral blood
2015-1005060-002C	Two tube(s) containing urine
2015-1005060-002D	Jar containing liver
2015-1005060-002E	Jar containing gastric contents

Results and Conclusions:

Drug Screen Results by: Immunoassay

Subm#:	Drug Screen Classification	Result
002A	blood-barbiturates	Negative
	blood-cannabinoids (marijuana)	Indicative
	blood-certain benzodiazepines	Negative
	blood-cocaine/cocaine metabolites	Negative
	blood-common opioids	Negative

Drug Confirmation Results

Submission 002B

- 1) Positive, THC, 40 ng/mL (+/- 5 ng/mL) {LC/MS/MS}
delta-9-tetrahydrocannabinol
- 2) Positive, 11-OH-THC, 3.4 ng/mL (+/- 0.4 ng/mL) {LC/MS/MS}
11-hydroxy-delta-9-tetrahydrocannabinol, a metabolite of THC
- 3) Positive, THC-COOH, 26 ng/mL (+/- 3 ng/mL) {LC/MS/MS}
11-nor-delta-9-tetrahydrocannabinol-9-carboxylic acid, a metabolite of THC
- 4) Negative for: {LC/MS/MS}
certain benzodiazepines.
- 5) Negative, certain basic drugs {LC/MS/MS}
such as citalopram and methadone.

Abbreviations:

GC/MS = Gas chromatography/Mass Spectrometry

LC/MS/MS = Liquid Chromatography/Mass Spectrometry/Mass Spectrometry

Measurement Uncertainty:

Estimations of measurement uncertainty for all toxicology quantitations are reported at a coverage probability of 95.45%.

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) and fire debris extracts will be destroyed after one year. This report may not be reproduced except in full without written permission of the laboratory.

Technical notes and data supporting the conclusions and findings in this report are maintained within the laboratory case records.

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.



Joseph Austin
Forensic Toxicologist

Related Agencies:

Douglas Judicial Circuit
GBI-Medical Examiner-HQ DOFS
Douglas Co. District Attorney
Douglasville Police Department
Douglas Co. Coroner

ACN: MARTIN

End of Official Report

Official Report



Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Headquarters

DOFS Case #: 2015-1005060

Report Date: 04/06/2016

George Herrin, Jr., Ph.D.
Deputy Director

ASCLD/LAB-International
Accredited Testing Laboratory

**Requested Service:** Blood Alcohol - Postmortem

Agency: GBI-Reg. 10-Conyers
Agency Ref#:
Requested by: R. Bigham

Case Individuals:

Victim: MARTEZ WILSON

Evidence:

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2015-1005060-002	Sealed plastic bag(s) containing the following items identified as collected from Martez Wilson
2015-1005060-002A	Three tubes containing iliac blood
2015-1005060-002B	Two tube(s) containing femoral blood
2015-1005060-002C	Two tube(s) containing urine
2015-1005060-002D	Jar containing liver
2015-1005060-002E	Jar containing gastric contents

Results and Conclusions:

Subm#: 002B

- 1) Ethyl Alcohol Result by Gas Chromatography: negative
These results may be unreliable due to the clotted nature of the sample.

Measurement Uncertainty:

Estimations of measurement uncertainty for ethyl alcohol, methyl alcohol, isopropyl alcohol and acetone concentrations are reported at a coverage probability of 99%.

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Amanda Crow

Amanda Crow
Forensic Toxicologist

Related Agencies:

Douglas Judicial Circuit
GBI-Medical Examiner-HQ DOFS
Douglas Co. District Attorney
Douglasville Police Department

ACN: MARTIN

Douglas Co. Coroner

End of Official Report

DIVISION OF FORENSIC SCIENCE

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EVIDENCE LOCATION: 2015-1005060

Return to case: [2015-1005060](#)

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Item	Description	Location	xfer Date	Via
001	DECEDENT	DOFS Headquarters		
002	Sealed plastic bag(s) containing the following items identified as collected from Martez Wilson	Destroyed per lab policy		
002A	Three tubes containing iliac blood	DOFS Headquarters		
002B	Two tube(s) containing femoral blood	DOFS Headquarters		
002C	Two tube(s) containing urine	DOFS Headquarters		
002D	Jar containing liver	DOFS Headquarters		
002E	Jar containing gastric contents	DOFS Headquarters		
003	Sealed package containing bloodstain card labeled "Marte Wilson"	DOFS Headquarters		
004	Postmortem fingerprints of Martez Wilson taken at time of autopsy	DOFS Headquarters		
005	Sealed package containing 10 sections labeled "MARTEZ WILSON"	Federal Express Service	03/11/2015	
006	10 slides from item 005	DOFS Headquarters		



Division of Forensic Sciences

Georgia Bureau of Investigation

State of Georgia

George Herrin, Jr., Ph.D.

Deputy Director

* NAME Accredited *

Headquarters

DOFS Case #: 2015-1005060

Report Date: 07/29/2015



Requested Service: Autopsy

Agency: Douglas Co. Coroner

Agency Ref#:

Requested by: N. Mitchell

Case Individuals:

Victim: MARTEZ WILSON

Evidence:

2015-1005060-001

DECEDENT

Results and Conclusions:

Evidence Submission: 001

INTRODUCTORY REMARKS:

In accordance with the Georgia Death Investigation Act, an autopsy is performed on the body identified at this time as "UID Douglas" (later identified as Martez Wilson) at the Georgia Bureau of Investigation, Medical Examiner Office, Decatur, Georgia, on Tuesday, March 3, 2015, commencing at 9:40 a.m.

PRESENTATION OF BODY:

The body is received lying supine in a light-duty, blue plastic body pouch.

EXTERNAL DESCRIPTION:

The unembalmed, clad remains are those of a normally developed, young adult Black male appearing consistent with the reported age of 21 years. The body measures 65 ½ inches in length and weighs 157 pounds.

The body is clad in the following items:

1. One gray hooded sweatshirt with a red logo over the front
2. One pair of plaid red boxer shorts
3. One pair of blue jeans. This item is received pulled down halfway to the thighs
4. One pair of black socks
5. One pair of multicolored shoes
6. One red and white belt along the loops of the pants

The following personal items are on the body:

1. One white-metal necklace with a white-metal pendant.

The head is normocephalic. The atraumatic scalp is covered with short, coarse black hair. The facial hair consists of a wisp of black mustache above the upper lip and a small tuft of black hair over the chin. The corneas are clear and translucent. The irides are brown. The pupils are round and equal. The scleras and conjunctivae are anicteric. The ears are well developed and normally set. Each earlobe has one piercing. The nasal septum is intact upon palpation. Natural dentition is present and appears to be in adequate degree of repair. The oral cavity is lined by a dark red and moist surface. The frenula are intact. The neck is supple with the trachea palpated at the midline. The chest is symmetrical. No subcutaneous crepitation is noted upon palpation. The abdomen is soft and flat. The umbilicus is unremarkable. The external genitalia are those of an adult male. The penis is circumcised. There is an adequate amount and distribution of black pubic hair. There is no evidence of perineal trauma. The anus is intact. The back is unremarkable. Both upper and lower

extremities are normally developed and symmetrical, without absence of digits. The fingernails are long and dirty. There is no evidence of trophic changes. The toenails are overgrown, slightly dirty and hypertrophic. The plantar surfaces of both feet are slightly dirty.

Rigidity is present and holding. Lividity is noted along the posterior dependent surfaces of the body except in areas of pressure.

IDENTIFYING MARKS/SCARS:

None are readily apparent.

EVIDENCE OF RECENT THERAPEUTIC INTERVENTION:

1. There is a pair of adhesive defibrillator pads in place: one on the right upper chest; one on the left lower chest.
2. There are four adhesive EKG pads in place: one on the right shoulder; one on the left shoulder; one on the right side of the abdomen; one on the left side of the abdomen.

EVIDENCE OF RECENT TRAUMA:

1. There is a small, linear abrasion measuring 4 cm in length on the medial aspect of the left elbow.
2. On the palmar aspect of the left hand, towards the base of the index finger, there is a 0.9 cm in diameter superficial, dark red abrasion. In addition, there is a cluster of three small superficial abrasions on the thenar aspect of the hand. There are three, small, punctated abrasions towards the medial aspect of the palmar surface.
3. On the anterior medial aspect of the left knee, there is a 1 cm in diameter, dark red contusion. Below it, there are two small superficial, dark red abrasions.
4. On the anterior surface of the left lower leg is a small, superficial abrasion. As similar appearing wound is on the medial surface.
5. On the anterior-medial aspect of the left lower leg, above the ankle, there is a cluster of at least three, linear (oriented perpendicular to the long axis of the body) superficial abrasions measuring 1.5 x 1 cm.
6. On the right knee, there is a cluster of very superficial, small abrasions measuring 1.5 x 0.8 cm in aggregate.
7. Below the right knee, there are two small, dark red, superficial abrasions ranging from 0.2 to 0.4 cm in greatest dimensions.
8. On the palmar surface of the right 4th finger, towards the base, there is a 4 cm in length, full-thickness laceration that extends from the palm upwards to halfway the phalanx. The underlying tendon is exposed and appears to be partially torn.
9. On the distal palmar surface of the right 5th finger, there is a small dark red contusion.
10. Just distal to the right elbow, there are two small dark red abrasions. In addition, there is a small, 1 cm in diameter, dark red contusion.

INTERNAL DESCRIPTION:

Body Cavities:

The body is opened with the usual "Y" shaped incision. The subcutaneous fat pad measures 1 cm in thickness at the anterior abdominal level. The exposed peritoneal surfaces are smooth and glistening, without evidence of hemorrhage. The anterior chest wall and the clavicles are intact. The organs in both the thoracic and abdominal cavities maintain their usual anatomical relations. There is no significant fluid accumulation present in either of the pleural cavities or the abdominal cavity. The diaphragmatic surfaces are intact.

The organs in the neck and chest are removed en-bloc.

Cardiovascular System:

The heart weighs 320 grams. The epicardial surface is smooth and glistening. The coronary

arteries follow a normal anatomical distribution. They are serially sectioned in-situ and are widely patent throughout. The heart is bread-loafed. There is no evidence of chamber dilatation or mural hypertrophy. The left ventricular wall measures 1 cm in thickness at the base of the posterior papillary muscle and the right ventricular wall measures 0.3 cm at the outflow. The myocardium is uniformly dark red and finely granular. Grossly, no focal lesions are seen. The cardiac valves are normally developed and easily mobile. No vegetation or calcification is present. The origins of the coronary ostiae are unremarkable. The inner lining of the aorta is smooth, without significant calcifications. No abnormal stenosis or dilatation is grossly seen. The major branches' orifices are patent. The pulmonary vasculature is normally developed and patent.

Respiratory System:

The right lung weighs 300 grams and the left lung weighs 250 grams. The pleural surfaces are smooth and glistening. Each lung features normal lobation. The parenchyma is crepitant. No hyperinflation is present. No focal masses or areas of consolidation are grossly observed. The airways are patent. There are no intrabronchial masses.

Hematolymphatic System:

The spleen weighs 130 grams. The capsule is dark red and smooth. The parenchyma is dark red and soft. Grossly, no focal lesions are seen. There is no evidence of generalized lymphadenopathy. The thymus is involuted.

Genitourinary System:

Each kidney weighs 120 grams. The fibrous capsules are detached without difficulty. The cortical surfaces are dark red and smooth. The kidneys are bisected revealing an unremarkable parenchyma. No focal masses are present. Both ureters drain into the bladder which contains 250 ml of yellow urine. The bladder epithelium is intact. The prostate gland and the testicles are grossly unremarkable.

Hepatobiliary System:

The liver weighs 1340 grams. The capsule is smooth and glistening. The parenchyma is dark red and smooth. No focal masses are present. The gallbladder is present and is grossly unremarkable. No stones are present.

Gastrointestinal System:

The tongue is intact, without evidence of intralingual hemorrhage. The esophageal epithelium and the gastric mucosa are grossly unremarkable. The stomach contains 100 ml of black, mostly liquid material. No abnormal coloration or odor is observed. The small and large intestines are grossly unremarkable upon external examination. The distal recto-sigmoid area is grossly unremarkable. No evidence of bleeding is present.

Endocrine System:

The pancreas, the adrenal glands and the thyroid gland are grossly unremarkable.

Head:

On reflection of the scalp, no lesions are seen. The exposed skull is intact. The brain weighs 1460 grams. The dura is intact. There is no evidence of epidural, subdural or subarachnoid hemorrhage. The leptomeninges are thin and semi-transparent. Of note, the cortex seems dusky in appearance. The vessels at the base of the brain are normally developed and patent. There is no evidence of herniation. The brain is sectioned in a coronal fashion. There is no evidence of intracerebral hemorrhage or abnormal masses present. The brainstem and cerebellum are grossly unremarkable, same as the base of the skull after removal of the basal dura.

Neck Organs:

The epiglottis is not swollen. The epithelium is smooth and tan. The vocal cords are intact. The strap muscles are grossly unremarkable. The hyoid bone and the laryngeal cartilages are intact.

Musculoskeletal System:

The vertebral column is intact. There is no evidence of retroperitoneal hemorrhage.

Examination ended at 11:15 a.m.

TOXICOLOGY:

Blood (femoral vein, iliac vein), gastric contents, urine, liver

PHOTOS:

Yes

X-RAYS:

No

HISTOLOGY:

Heart: For the most part, the myocytes are uniformly arranged and exhibit normal nuclear morphology. Near the endocardial surface, myocytes feature enlarged and hyperchromatic nuclei. The intramural blood vessels are normally formed but some feature a slight degree of perivascular fibrosis. Many of the blood vessels are congested with normal appearing red blood cells (RBCs). However, many sickled RBCs are also present.

Lungs: Acute congestion. Most of the RBCs feature a sickled shape. There is no evidence of pneumonia or neoplasia.

Spleen, Liver, Brain: Acute congestion. Most RBCs feature a sickled shape.

Kidneys: Acute congestion. Most RBCs feature a sickled shape. No crystals are seen under polarizing light.

SPECIAL STUDIES:

1. Ocular fluid for electrolytes: non-contributory
 - a. Sodium: 151 mEq/L
 - b. Chloride: 131 mEq/L
 - c. Creatinine: 0.3 mg/dL
 - d. Glucose: Specimen unsuitable for assay
 - e. VUN: Specimen unsuitable for assay
2. Blood for hemoglobin electrophoresis: Pattern consistent with Sickle Cell Trait
 - a. Hgb A2 (HPLC): 3.5 % [reference range: 2.7-3.5 %]
 - b. Hgb F (HPLC): 1.3 % [reference range: 0.2-1.8 %]
 - c. Hgb A (HPLC): 55 % [reference range: 96-99 %]
 - d. Hgb S (HPLC): 40 % [reference range: <1 %]
 - e. Solubility, Hgb (Sickledex): Positive

EVIDENCE RETAINED:

FTA blood spot card.

SUMMARY OF FINDINGS:

- I. Exercise-induced sickle cell crisis in an individual with sickle cell trait
 - a. Hgb A: 55 % [reference range: 96-99 %]
 - b. Hgb S: 40 % [reference range: <1 %]
- II. Minor trauma: not contributory to death
- III. Postmortem toxicology:
 - a. Ethanol: negative
 - b. + THC (?-9-tetrahydrocannabinol): 40 ng/mL
 - c. + 11-OH-THC (11-hydroxy-?-9-tetrahydrocannabinol, a metabolite of THC): 3.4 ng/mL
 - d. + THC-COOH (11-nor-?-9-tetrahydrocannabinol-9-carboxylic acid, a metabolite of THC): 26 ng/mL
 - e. Negative for (LC/MS/MS): certain benzodiazepines
 - f. Negative for (LC/MS/MS): certain basic drugs such as citalopram and methadone

CAUSE OF DEATH:

Exercise-induced sickle cell crisis in an individual with sickle cell trait

MANNER OF DEATH:

Natural

SUMMARY & OPINION:

Martez Wilson was a 21-year-old man who died suddenly on March 3, 2015, while in custody. In the early morning of 3/3/15, officers responded to a call for a burglary in progress.

Reportedly,

Mr. Wilson was found by an officer lying face down on the ground in the vicinity of the incident, with his pants and underwear down his legs. He was told to place his hands behind his back. Initially, he stated: "I can't" but then he complied and was handcuffed. At that time, a second suspect emerged and was placed under arrest too. Other officers arrived at the scene. One of them began taking Mr. Wilson into custody. At this time, Mr. Wilson replied: "I can't breathe". Fire Rescue was summoned to the scene. A paramedic and an EMT evaluated Mr. Wilson who at this time was seated in the back seat of the patrol car. A heart/pulse rate was obtained (discrepancy in reports: one reads high 50's; one reads 111) and oxygen saturation above 90% (one report reads in the high 90's; one report reads 96). The paramedic and EMT determined there was no evidence of respiratory problems. Mr. Wilson was transported to the local police department for processing. It was noted that Mr. Wilson appeared to be asleep and would not respond to the officer's questions. Once in the PD, after taking in the other suspect, the two officers came back into the car to retrieve Mr. Wilson and escort him into the building. Mr. Wilson was not responding and officers carried him into the building. It was at this time the officers noted that Mr. Wilson was unresponsive, not breathing. CPR was begun soon after. EMS responded to the scene and despite resuscitatory attempts, Mr. Wilson was pronounced dead shortly after their arrival.

The autopsy completed later that day revealed only minor trauma, non-contributory to the demise. No catastrophic disease was uncovered at the time to explain his sudden demise. However, special studies revealed that Mr. Wilson suffered from Sickle Cell Trait (SCT). SCT is a genetic blood disorder with a prevalence rate of approximately 8% in African-Americans and 0.046% in non-Black Americans. Normally, a person inherits two copies of the gene that produces beta-globin, a protein needed to produce normal hemoglobin (hemoglobin genotype AA). A person with SCT inherits one normal allele and one abnormal allele encoding hemoglobin S (hemoglobin genotype AS). In certain conditions where oxygenation at the cellular level is low, like in exercise, the blood in persons with SCT may "sickle", taking an abnormal shape, and the ability to deliver oxygen to the tissues is affected.

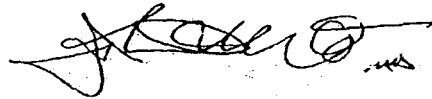
After reviewing the circumstances surrounding the death, Mr. Wilson was seen running away and found down on the ground shortly after. It is my opinion that exercise lowered his threshold

to develop sickling and leading to a sudden death.

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Jacqueline Martin
Deputy Chief Medical Examiner

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